

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> CALIFORNIANS FOR RESPONSIBLE HOUSING, SPONSORED BY THE CALIFORNIA APARTMENT ASSOCIATION <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>AREA CODE/PHONE NUMBER</b>            (415)389-6800         </div> <div style="width: 45%;"> <b>I.D. NUMBER</b> (if applicable)            1401516         </div> </div> <hr/> <b>STREET ADDRESS</b>  <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>CITY</b>            SAN RAFAEL         </div> <div style="width: 20%;"> <b>STATE</b>            CA         </div> <div style="width: 30%;"> <b>ZIP CODE</b>            94901         </div> </div>			<b>Date of This Filing</b> <u>04/02/2018</u>  <b>Report No.</b> <u>LCR # 101</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> <u>3</u>	<b>Date Stamp</b>   Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">         CALIFORNIA FORM 497       </div> For Official Use Only
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## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/02/2018	ESSEX PROPERTY TRUST, INC., AND AFFILIATED ENTITIES San Mateo, CA 94403  Memo Reference: INC:S497:130	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,701,790.00
04/02/2018	SHEA HOMES AND AFFILIATED ENTITIES Walnut, CA 91789  Memo Reference: INC:S497:129	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$35,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>AREA CODE/PHONE NUMBER</b> (415)389-6800		<b>I.D. NUMBER (if applicable)</b> 1401516			
<b>STREET ADDRESS</b>					
<b>CITY</b> SAN RAFAEL			<b>STATE</b> CA	<b>ZIP CODE</b> 94901	

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: INC:\$497:129

RECEIVED THROUGH AFFILIATED ENTITY: SHEA PROPERTIES MANAGEMENT COMPANY INC. 130 VANTIS SUITE 200 ALISO VIEJO, CA 92656

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Memo Reference: INC:\$497:130

RECEIVED THROUGH AFFILIATED ENTITY: ESSEX PORTFOLIO LP, 60 S MARKET ST., STE 470, SAN JOSE, CA 95113

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